

## **Department of Municipal Licenses and Inspections**

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## 2009 SWIMMING POOL PERMIT APPLICATION

## **ESTABLISHMENT INFORMATION** NAME OF ESTABLISHMENT: NAME OF MANAGER: TELEPHONE NUMBER: \_\_\_\_\_ ESTABLISHMENT OWNER: OWNER ADDRESS: LIABILITY INSURANCE PROVIDER: POLICY NUMBER: \_\_\_\_\_ EXPIRATION DATE: PROVIDER TELEPHONE NUMBER: TYPE OF DISINFECTANT UTILIZED: NAME OF CERTIFIED POOL OPERATOR(S) - ATTACH COPIES OF CERTIFICATIONS NAMES OF LIFEGUARDS – ATTACH COPIES OF CERTIFICATIONS SEASONAL POOL \_\_\_\_\_\$ 75.00 \_\_\_\_\_\$100.00 ANNUAL POOL \*WHIRLPOOL(SPP) \$100.00

TOTAL PAID:

## <u>POOL # 1:</u>

SURFACE SQUARE FEET
LENGTH () X WIDTH () = SURFACE SQUARE FEET
BATHER LOAD
Non-swimming area LENGTH () X WIDTH () =/ 15 persons = BATHERS
Swimming area LENGTH () X WIDTH () =/ 20 persons =BATHERS
Non-swimmer bathers + swimmer bathers = MAXIMUM BATHER LOAD
LIFEGUARDS
Maximum bather load / 25 = REQUIRED LIFEGUARDS
POOL # 2:
SURFACE SQUARE FEET
LENGTH () X WIDTH () = SURFACE SQUARE FEET
BATHER LOAD
Non-swimming area LENGTH () X WIDTH () =/ 15 persons =BATHERS
Swimming area LENGTH () X WIDTH () =/ 20 persons = BATHERS
Non-swimmer bathers + swimmer bathers = MAXIMUM BATHER LOAD
LIFEGUARDS
Maximum bather load / 25 = REQUIRED LIFEGUARDS
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the pool establishment operation will comply with 105 CMR 435.000 and other applicable laws.
NAME OF APPLICANT: DATE:
SIGNATURE:

**Please note that your establishment shall have a Certified Pool Operator.